



DURHAM COUNTY ENVIRONMENTAL HEALTH Service Request Form

_____ Residential Care Facility Inspection Scheduling Request
New Facility _____ New Management _____
_____ Other Facility, please describe _____

Please note: scheduling may take up to 30 days from the date of request.

Please Complete The Following Information:

Please Print

Applicant Name: _____

Applicant Telephone: (____) _____ Cell: (____) _____

Email: _____

Establishment Name: _____

Site Manager _____ Site Telephone (____) _____

Physical Address: Street _____

City: _____ Zip: _____

Water Supply: Well or City **Waste Disposal:** Septic System or City

Date of Last Inspection _____ ***Inspections are only conducted once in each 12 month period.***

Number of Residents: _____

Permittee: _____ Phone: (____) _____

Mailing Address (if different): _____

City: _____ Zip: _____

Signature of Applicant: _____ **Date** _____

(Office Use Only)

Date Received: _____ Initials: _____ REHS: _____